

Family and Social Services Administration
Division of Family and Children
BUREAU OF CHILD DEVELOPMENT
CHILD CARE HEALTH SECTION
402 West Washington Street, Room W386
Indianapolis, Indiana 46204

WRITTEN NUTRITION / FOOD SERVICE PROGRAM CHILD CARE CENTERS

The attached form is to be used by child care centers for the purpose of reporting the practices within their nutrition/food service program as required by licensing requirement 470 IAC 3-4, established and promulgated in accordance with IC 12-3-2.

PURPOSE

1. To provide a written statement of your knowledge of and intent to follow the Nutrition/Food Service and Sanitation Regulations of 470 IAC 3-4.1.
2. To provide a reference for the interpretation of a portion of child care licensing rules.
3. To provide an educational tool for staff.

WHAT TO SEND

IF THIS IS A PROPOSED (*NEW SITE OR NEW OWNER*) FACILITY, YOU MUST SUBMIT AN APPLICATION FOR LICENSURE PRIOR TO SUBMITTING THIS PROGRAM.

You must send:

1. Two (2) identical programs; and
2. Two (2) identical sets of attachments.

Each set of attachments must include:

- a. three (3) weeks of menus;
- b. one (1) recipe used in your center for a main dish casserole with protein;
- c. a simple drawing of the food preparation area (*kitchen*); and
- d. if vending any meals or snacks, a copy of the current vendor's contract and a simple drawing of your food service area (*not the vendor's kitchen*).
- e. if vending from off site self-owned kitchen, a written vending procedure.

MAIL

Send the two (2) programs and two (2) sets of attachments to:

MS02
Family and Social Services Administration
Division of Family and Children
BUREAU OF CHILD DEVELOPMENT
CHILD CARE HEALTH SECTION
402 W. Washington St., Rm. W386
Indianapolis, IN 46204

ADDITIONAL INFORMATION

General

1. For questions about the program, call (317) 233-5414.
2. The programs will be reviewed upon receipt; and, when approved, one will be returned to the facility, and one will be retained by the Division of Family and Children.

If the programs are not approved, both programs will be returned to the facility with a letter indicating the noncompliances. Both programs must be corrected and resubmitted to the Child Care Facilities Unit, Division of Family and Children, for approval.

3. For your assistance, the following have been included:

"Menu Pattern" and "Food Serving Sizes." Keep these at your facility to assist with menu writing.

"Help For Your Program" (*recipe and milk quantity calculation*)

"Manual Dishwashing Procedures"

"Directions For Sanitizing Solutions"

"Kitchen Cleaning Schedule"

4. You must send one (1) original program, one (1) original set of attachments and one (1) copy of the program with one (1) copy of the attachments. Of course, two (2) original programs and two (2) original sets of attachments are acceptable.



WRITTEN NUTRITION/FOOD SERVICE PROGRAM CHILD CARE CENTERS

State Form 46684 (R3 / 10-02) / BCD 0051

Name of facility		Date (month, day, year)	
Location		County	
City	ZIP code	Telephone number (with area code) ()	
Mailing address (if different from above)			
Name of director		Name of owner	
Address of food preparation site (if different from above)			
This report prepared by:			
Name of preparer		Title of preparer	Telephone number ()
Do you receive school lunch funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	List the hours that the children will attend your facility AM To PM		List the days of the week that children will attend
Water supply is: Public <input type="checkbox"/> Yes <input type="checkbox"/> No Private Well <input type="checkbox"/> Yes <input type="checkbox"/> No		Sewage disposal is: Public <input type="checkbox"/> Yes <input type="checkbox"/> No Private Septic <input type="checkbox"/> Yes <input type="checkbox"/> No	
This food program is for a <u>proposed</u> facility <input type="checkbox"/> Yes <input type="checkbox"/> No		This facility's food program has had past approval <input type="checkbox"/> Yes <input type="checkbox"/> No	
List the number of children licensed for in the first column and the average daily census in the second column. (Proposed centers-estimate)			
	Licensed For	Average Daily Census	
* 6 weeks to 1 year			
* 1 year			
2 years			
3 to 6 years			
7 to 13 years			

* If you have any children in these age groups, you must also complete two (2) "Infant and Toddler Nutrition / Food Service Program Supplements."

VENDING ONLY

INSTRUCTIONS: A center that vends (obtains prepared meals and/or snacks from outside of its own facility) must submit:

1. a copy of the current contract with the vendor or written procedure (if self vending); and
2. a simple drawing which shows the area(s) in your center where you receive and serve the food, handwashing sinks, refrigerator and food/utensil storage (draw it in the space below or include with attachments).

Check the meals which are vended to your center

☐ Breakfast
 ☐ AM Snack
 ☐ Lunch
 ☐ PM Snack
 ☐ Supper
 ☐ Bedtime Snack

A. The equipment used to transport the food meets the National Sanitation Foundation standards so that:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Hot foods remain at or above 140° F. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Cold foods remain at or below 45° F. (41°F or below is recommended) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Frozen foods remain at or below 0° F. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

B. Transport equipment is easily sanitizable. ☐ Yes ☐ No

C. The temperature of food is checked and recorded upon arrival at the child care center. ☐ Yes ☐ No

- D. All reusable food service equipment, utensils and dishes are:
- | | | |
|---|------------------------------|-----------------------------|
| 1. Washed and sanitized at the center. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Returned to the vendor for washing / sanitizing. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Simple drawing of food serving area (number 2 above)

TO BE COMPLETED BY ALL CHILD CARE CENTERS

INSTRUCTIONS: Check "Yes" for each item if it is a statement of the practice in your facility. Check "No" if the statement does not agree with your practice. Complete all questions.

MENUS																
<p>1. Menus are written one (1) week or more in advance. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Complete menus for the current week are posted in the kitchen and where parents may easily see them. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. There is a period of at least two (2) hours and no longer than three (3) hours between all snacks and meals. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>4. List the starting time for:</p> <p>Breakfast _____ P.M. Snack _____</p> <p>A.M. Snack _____ Dinner _____</p> <p>Lunch _____ Bedtime Snack _____</p>															
FOOD PREPARATION																
<p>5. Standardized recipes are used. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Food prepared at home is not used in the center. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>7. A food thermometer is available and used to check for safe food temperatures. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>															
MEAL SERVICE																
<p>8. Appropriate sizes and types of dishes, cups and utensils are available for all children. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List the fluid amount and size of cup (<i>in ounces</i>) used for each of the following:</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Cup Size</th> <th style="width: 10%; text-align: center;">Fluid Amt.</th> </tr> </thead> <tbody> <tr> <td>a. Milk / juice at a.m. or p.m. snack</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b. Milk for 2-year olds</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c. Milk for 3 - 5-year olds at lunch</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>d. Milk for 6 - 13-year olds</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		Cup Size	Fluid Amt.	a. Milk / juice at a.m. or p.m. snack	_____	_____	b. Milk for 2-year olds	_____	_____	c. Milk for 3 - 5-year olds at lunch	_____	_____	d. Milk for 6 - 13-year olds	_____	_____	<p>9. Children wash their hands immediately before meals and snacks. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Staff persons assist and supervise children during meals and snacks. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Staff persons wash their hands immediately before handling food or assisting children during meals and snacks. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. The required serving size of each food is given as the first serving; additional servings are available. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Once served, leftover food is disposed of. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	Cup Size	Fluid Amt.														
a. Milk / juice at a.m. or p.m. snack	_____	_____														
b. Milk for 2-year olds	_____	_____														
c. Milk for 3 - 5-year olds at lunch	_____	_____														
d. Milk for 6 - 13-year olds	_____	_____														
FOOD ALLERGIES / SPECIAL DIETS																
<p>14. All food allergies and special diets are approved in writing by a physician. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Child care providers are aware of special diets for children in their care. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>16. A list of food allergies / special diets is posted in the kitchen. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>															
JUICES / MILK / WATER																
<p>17. All fruit juices are 100% fruit juice (<i>no added sugar or other sweeteners</i>). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. All non-citrus juices (<i>apple, etc.</i>) are enriched with vitamin C. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Either whole milk, 2% or 1% milk is served. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>20. Milk is the only beverage provided at lunch and dinner. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Milk is served from the original container. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Based on your average daily attendance, how much milk do you purchase for one week? _____</p>															
SANITATION																
<p>23. Food service personnel wash their hands before starting work, after using the bathroom, after coughing into hands and after performing nonfood related tasks. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Children are not allowed in the kitchen. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>25. Dining tables are sanitized before and after meals / snacks. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>26. Food preparation surfaces are sanitized before and after use. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>27. What product is used for sanitizing tables and food preparation surfaces?</p> <p>Name of manufacturer _____</p> <p>Name of product _____</p>															

SANITATION (continued)	
<p>28. What is the strength of the sanitizing solution used on tables and food preparation surfaces? _____ parts per million</p> <p>29. What is the strength of the sanitizing solution used for dishes, utensils, pots and pans? _____ parts per million</p> <p style="text-align: center;">or _____ per gallon of water. <small>(Amount of sanitizer)</small></p>	<p>30. What product is used for sanitizing dishes, utensils and pots and pans in your three compartment sink?</p> <p style="margin-left: 40px;">Name of manufacturer _____</p> <p style="margin-left: 40px;">Name of product _____</p>
Manual Procedure	Commercial Dishwasher
<p>31. Itemize each step of your dishwashing procedure</p> 	<p>Type _____</p> <p>Model _____</p> <p>Method of sanitizing (<i>check one</i>) <input type="checkbox"/> Chemical <input type="checkbox"/> 170° hot water</p>
FOOD AND EQUIPMENT STORAGE	
<p>32. All refrigerators have thermometers and are maintained at 41° F. or less. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>33. All freezers have thermometers and are maintained at 0° F. or less. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>34. Nothing is stored on the floor in the kitchen or in the food storage area. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>35. Closed cabinets are used for storage of dishes, pots and pans and utensils. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>36. Cleaning supplies are inaccessible to children. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>37. Cleaning supplies are not stored above or with food. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
NUTRITION EDUCATION	
<p>38. Nutrition education is being presented to the children, and documentation on site. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>39. Nutrition education is being presented to the staff, and documentation on site. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>40. Children do not assist in the preparation of any foods that are consumed by others. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>The above information and attachments are correct, accurate and serve as a written commitment to follow the content and practices referred to within.</p>	
<p>Signature of (<i>check one</i>) <input type="checkbox"/> Owner <input type="checkbox"/> President of Board of Directors <input type="checkbox"/> Director</p>	<p>Date signed (<i>month, day, year</i>)</p>

Have you attached one (1) copy of the following to each program?

1. Three (3) weeks of menus
2. One (1) recipe used in, and size appropriate for, your center for a main dish casserole (*with protein*)
3. Simple drawing of the food preparation area
4. If vending any meals or snacks, a copy of the current vendor's contract and a simple drawing of your food serving area (*not the vendor's kitchen*) (*Contract must be SIGNED and CURRENTLY DATED*) or if you self vend from an off site kitchen, a copy of your vending procedure.

STANDARDIZED MAIN DISH / CASSEROLE RECIPE

State Form 46684 (R3 / 10-02) / BCD 0051

BUREAU OF CHILD DEVELOPMENT
CHILD CARE HEALTH SECTION
492 W. WASHINGTON ST., RM W386
INDIANAPOLIS, IN 46204

- INSTRUCTIONS:
- 1. Use this recipe form or attach the recipe form which is used by your center or vending facility.
 - 2. The following must be included:
 - a. Name of recipe
 - b. Size of serving (example: 1 1/2 ounces or 1/2 cup)
 - c. Ingredients and amounts used (meats and cheeses must be stated in ounces or pounds)
 - d. The number of portions (servings) the recipe makes (yields) (example: 25 portions or 50 portions)
 - e. Directions for making the recipe
 - 3. An example of a main dish/casserole recipe is on the back. You must substitute a different one.

Name of main dish recipe	Number of total portions	Size of servings
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INGREDIENTS	AMOUNTS			DIRECTIONS
	No. Portions:	No. Portions:	No. Portions:	

Name of main dish recipe	Meat Loaf	Number of total portions 25 -- 50 -- 75	Size of servings 1/2 cup
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INGREDIENTS	AMOUNTS			DIRECTIONS
	No. Portions: 25	No. Portions: 50	No. Portions: 75	
Bread Slices	6 1/2 slices	13 slices	26 slices	1. Beat bread and milk 2 minutes on low speed of mixer 2. Add remaining ingredients and mix 3 minutes on low speed 3. Place meat mixture in greased pan. Shape into 2 loaves 4. Bake 1 hour 10 min. at 375° F. Drain
Milk	1 1/4 cups	2 1/2 cups	5 cups	
Ground Beef	3 pounds	6 pounds	12 pounds	
Eggs	3 large	6 large	12 large	
Onions (<i>chopped</i>)	3/8 cup	3/4 cup	1 1/2 cup	
Celery (<i>chopped</i>)	1/2 cup	1 cup	2 cup	
Salt	1 1/2 tsp.	1 T.	2 T.	
Worcestershire Sauce	1 T.	2 T.	4 T.	

MENU PLANNER -CHILD CARE CENTER

The listed serving size is appropriate for children 3 - 5 years of age.

State Form 46684 (R3 / 10-02) / BCD 0051

BUREAU OF CHILD DEVELOPMENT
CHILD CARE HEALTH SECTION
492 W. WASHINGTON ST., RM W386
INDIANAPOLIS, IN 46204

Week	Name of center	Menus written by:
------	----------------	-------------------

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	Food Item	Amount	Food Item	Amount	Food Item	Amount	Food Item	Amount	Food Item	Amount
Breakfast Time: _____										
Fruit or Juice										
Cereal or Toast										
Milk										
A.M. Snack Time: _____										
* #1 Component										
* #2 Component										
Lunch Time: _____										
Meat, Fish, Poultry, Eggs, etc.										
Vegetable / Fruit / Salad										
Vegetable / Fruit / Salad										
Bread, Rice, or Pasta										
Milk										
P.M. Snack Time: _____										
* #1 Component										
* #2 Component										

* Two (2) of the five (5) components (*bread, fruit or juice, dairy, vegetable, protein*) must be served for AM and PM snack.

If juice or milk is not one of the two (2) components, serve water.

Vitamin C source must be served at either AM or PM snack or lunch daily.

Two Vitamin A sources must be served at lunch each week.

** Toddler substitutions; all meats are finely chopped for the toddler.

MENU PLANNER -CHILD CARE CENTER
The listed serving size is appropriate for children 3 - 5 years of age.

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492 W. WASHINGTON ST., RM W386
INDIANAPOLIS, IN 46204

Week	Name of center	Menus written by:
------	----------------	-------------------

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	Food Item	Amount	Food Item	Amount	Food Item	Amount	Food Item	Amount	Food Item	Amount
Breakfast Time: _____										
Fruit or Juice										
Cereal or Toast										
Milk										
A.M. Snack Time: _____										
* #1 Component										
* #2 Component										
Lunch Time: _____										
Meat, Fish, Poultry, Eggs, etc.										
Vegetable / Fruit / Salad										
Vegetable / Fruit / Salad										
Bread, Rice, or Pasta										
Milk										
P.M. Snack Time: _____										
* #1 Component										
* #2 Component										

* Two (2) of the five (5) components (*bread, fruit or juice, dairy, vegetable, protein*) must be served for AM and PM snack.

If juice or milk is not one of the two (2) components, serve water.

Vitamin C source must be served at either AM or PM snack or lunch daily.

Two Vitamin A sources must be served at lunch each week.

** Toddler substitutions; all meats are finely chopped for the toddler.

MENU PLANNER -CHILD CARE CENTER
The listed serving size is appropriate for children 3 - 5 years of age.

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Week	Name of center	Menus written by:
------	----------------	-------------------

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	Food Item	Amount	Food Item	Amount	Food Item	Amount	Food Item	Amount	Food Item	Amount
Breakfast Time: _____										
Fruit or Juice										
Cereal or Toast										
Milk										
A.M. Snack Time: _____										
* #1 Component										
* #2 Component										
Lunch Time: _____										
Meat, Fish, Poultry, Eggs, etc.										
Vegetable / Fruit / Salad										
Vegetable / Fruit / Salad										
Bread, Rice, or Pasta										
Milk										
P.M. Snack Time: _____										
* #1 Component										
* #2 Component										

* Two (2) of the five (5) components (*bread, fruit or juice, dairy, vegetable, protein*) must be served for AM and PM snack.

If juice or milk is not one of the two (2) components, serve water.

Vitamin C source must be served at either AM or PM snack or lunch daily.

Two Vitamin A sources must be served at lunch each week.

** Toddler substitutions; all meats are finely chopped for the toddler.

FOOD SERVING SIZES
Child Care Health Section

State Form 46684 (R3 / 10-02) / BCD 0051

BUREAU OF CHILD DEVELOPMENT
CHILD CARE HEALTH SECTION
492 W. WASHINGTON ST., RM W386
INDIANAPOLIS, IN 46204

FOODS	SERVINGS FOR EACH CHILD PER DAY (24)	AVERAGE SIZE SERVING PER AGE			
		1 - 2 Yrs.	2 Yrs.	3 - 5 Yrs.	6 - 18 Yrs.
Milk - Fluid pasteurized, homogenized fortified with vitamin A & D - whole, 2%, 1%(<i>skim and buttermilk can be used only under a physician's order</i>) Note: Reconstituted dry milk shall not be used as a beverage.	2 - 3	4 oz.	4 oz.	6 oz.	8 oz.
Vegetables and Fruits Vitamin C food source: Fruits: orange or grapefruit juice, a 100% fruit juice fortified with vitamin C (<i>e.g. grape, pineapple, apple</i>), oranges, grapefruit, tangerines, cantaloupe, strawberries, kiwi fruit, papaya, tangelo, watermelon, pineapple, and raspberries. Vitamin A food sources: Vegetables: carrots, winter squash, acorn squash, butternut squash, pumpkin, yams, sweet potatoes, asparagus, tomatoes, spinach, turnip greens, kale, mustard greens, collard greens, beet greens, peas and carrots, mixed vegetables, broccoli. Fruits: cantaloupe, apricots, peaches, papaya, purple plums, nectarines and mangos. Protein Foods: eggs, crab meat, liver (<i>equal to 3 servings of vitamin A per week</i>).	4 or more 1 4 vitamin A food sources per week must be served at dinner (<i>residential</i>). 2 vitamin A food sources per week must be served at lunch (<i>child care</i>).	1 - 2T 1/2 cup 1 - 2T	3T 1/2 cup 3T	1/4 cup 1/2 cup 1/4 cup	1/2 cup 1/2 cup 1/2 cup
Meat and Other Protein Foods (Main Entrees) Cooked lean meat, poultry, fish Protein equivalents: Amounts listed below are equal to 1 ounce of meat Cheese 1 ounce Cottage Cheese 1/4 cup Egg 1 Peanut Butter 2T Cooked Dried Beans 1/2 cup Casseroles Meat Salads	2	1/2 - 1 oz. 1/2 oz. 2T 1/2 1T 1/4 cup 1/4 cup 1/4 cup 1/4 cup	1 oz. 1 oz. 1/4 cup 1 2T 1/2 cup 1/3 cup 1/4 cup	1 1/2 oz. 1 1/2 oz. 1/3 cup 1 1/2 3T 3/4 cup 1/2 cup 1/3 cup	2 - 3 oz. 2 - 3 oz. 1/2 - 1/3 cup 2 - 3 4 - 6T 1 - 1 1/2 cup 1 - 1 1/2 cup 1/2 - 1 cup
Bread and Cereal Group (whole grain and enriched) Bread Dry Cereal Cooked Cereal Rice / Noodles Crackers Saltines Graham crackers (2 1/2" square) Variety of crackers (1 - 1 1/2" squares)	3 - 4	1/4 slice 2 - 3T 2T 2 - 3T 2 sq. 1/2 sq. 2	1/2 slice 1/3 cup 1/4 cup 1/4 cup 2 sq. 1 sq. 3	1/2 slice 1/2 cup 1/4 cup 1/4 cup 3 - 4 sq. 1 sq. 5 - 6	1 slice 3/4 cup 1/2 cup 1/2 cup 5 - 8 sq. 2 sq. 10 - 12
Other Foods Butter or margarine	used in cooking or as a spread	1/2 - 1 tsp.	1 tsp.	1 tsp.	3 tsp.

MENU PATTERN FOR 3 - 6 YEAR OLDS

Breakfast

1/4 cup fruit or fruit juice
1/2 slice bread
3/4 cup milk

AM Snack

Two (2) of the five (5) food components (*bread, fruit or juice, dairy, vegetable, protein*)
#1 Component from a food group
#2 Component from a second food group
(Provide water as a beverage when juice or milk is not served as one component).

Lunch

1 1/2 ozs. high protein food
2 separate 1/4 cup servings of vegetables / salad / fruit
1/2 slice bread
3/4 cup milk

PM Snack

Two (2) of the five (5) food components (*bread, fruit or juice, dairy, vegetable, protein*)
#1 Component from a food group
#2 Component from a second food group
(Provide water as a beverage when juice or milk is not served as one component).

Dinner

1 1/2 ozs. high protein food
2 separate 1/4 cup servings of vegetables / salad / fruit
1/2 slice bread
3/4 cup milk

Bedtime Snack

1/2 cup vitamin C fruit or fruit juice or
1/2 cup milk
1/2 slice bread

Do not serve a competing beverage with milk. Milk is the only beverage to be served at meals.

Two (2) vitamin A sources must be served at lunch and at dinner each week.
Vitamin C must be served at either AM or PM snack or lunch daily.

Dessert type items (*i.e., cookies, cake, pie, jello, etc.*): no more than two (2) per week, may be counted.
Dessert items are optional and do not count as a required food component.

PROTEIN FOODS

Main dishes (*entrees*) made with meat, poultry, fish, cheese, eggs or peanut butter are considered high protein dishes.

1. Serve plain high protein foods (*example: chicken leg*) at least two (2) times each week (*instead of casseroles*). List serving sizes for plain high protein foods in ounces (*example: hot dog, 1 1/2 ounces*).
2. Provide variety. Do not serve the same main dish more than once every two weeks.
3. When sandwiches are on the menu, you may provide the protein by:
 - a. Including the required amount of high protein food in the sandwich (*example: for a 3-year-old, 1 slice bread with 1 ounce of cheese and 1/2 ounce of ham*); or by
 - b. serving part of the required amount of protein in the sandwich and the rest of the amount of protein in a small serving of another high protein food (*example: for a 3-year-old, 1 slice bread with 2 tablespoons peanut butter plus a 1 ounce cheese cube*).
4. The serving size for peanut butter for 7- to 12-year old children is 4 to 6 tablespoons. This amount may be too much to be placed in one sandwich; therefore, you may serve one peanut butter sandwich (*made with 2 tablespoons peanut butter*) plus another protein food (*example: hard-cooked egg*).
5. If spaghetti, chili, pizza or casseroles are homemade, write "homemade" on the menu. If you are using commercial products instead, extra high protein food must be added to ensure adequate protein in each serving. When you add extra high protein food, write this on the menu (*example: hamburger added*).
6. Dried beans (*example: baked beans*) are a low quality protein food, therefore, a larger amount must be served to each child in order to give enough protein. Since most 3- to 6-year-olds cannot eat more than 1/2 cup of beans or bean soup, you must serve at least 1/2 ounce of another protein when beans or bean soup are the main sources of protein in a meal.

VEGETABLES

1. Homemade soups which contain at least 1/4 cup of vegetable in each 1/2 cup serving will count as one vegetable serving but "homemade" must be written on the menu. Commercial soups must have added vegetables if counted as a vegetable component.
2. These foods are high in protein and do not count as vegetables: cottage cheese and deviled eggs.
3. These foods do not count as vegetables: potato chips, potato sticks, corn chips, taco chips, nacho chips, tomato sauce, commercial soups.
4. The following are bread-equivalent foods and do not count as vegetables: macaroni, rice, spaghetti, macaroni salad, noodles.
5. Gelatin with fruit and/or vegetables does not count as a vegetable or fruit serving unless it contains the required amount of vegetables and/or fruit in each serving.

BREAD SERVINGS

Bread (*wheat, cinnamon, cornbread, etc.*)
Crackers (*graham, rye, sesame, wheat, etc.*)

Dry Cereals / Cooked Cereals
Plain Doughnuts
Macaroni Salad
French Toast

Pancakes
Spaghetti
Popcorn
Party Mix

Macaroni
Tortillas
Pretzels
Muffins
Waffles
Rice

Potato chips, corn chips and similar foods are high in fat and low in nutrients and may not be used as bread equivalents.

MILK

Serve either whole milk, 2%, or 1% milk. Do not serve skim milk or nonfat dry (*powdered*) milk unless a child's physician has given a written order.

Do not serve a competing beverage with milk (*i.e., cola, lemonade, tea, water, juice, etc.*)

VITAMIN C SOURCES

Serve one (1) source per day at AM or PM snack to daytime children. Serving size: 1/2 cup, all ages. If you are open in the evening, serve another source at the bedtime snack to the evening children.

Fruits:

Orange Sections	Orange-Grapefruit Juice	Pineapple	Apple Juice with Vitamin C
Strawberries	Grapefruit	Raspberries	100% Juice Blends with Vitamin C
Tangerine Sections	Cantaloupe	Tangelo Sections	Vegetable Juice with Vitamin C
Kiwi Fruit	Papaya Cubes	Grapefruit Juice	Tomato Juice with Vitamin C
Orange Juice	Watermelon	Grape Juice with Vitamin C	Pineapple Juice with Vitamin C

Vegetables:

Asparagus	Cauliflower	Sweet Potatoes
Broccoli	Kale	Tomatoes
Cabbage	Peppers	

VITAMIN A SOURCES

Vegetables may be served raw (*in salad or cut up*) or cooked.

Vegetables:

Carrots	Sweet Potatoes	Spinach	Kale
Winter Squash	Pumpkin	Tomatoes	Collard Greens
Acorn Squash	Broccoli	Asparagus	Mustard Greens
Butternut Squash	Yams	Turnip Greens	Beet Greens

Fruits:

Cantaloupe	Nectarines	Mangoes
Apricots	Peaches	Papaya

High Protein Foods:

Liver	Eggs	Crab Meat
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SERVING SIZES

The serving sizes written on your menu should be for the age of your largest group in attendance.

MENU WRITING HINTS

The specific name of the food or beverage and how it is prepared must be written on the menu.

Correct Example:

Baked Chicken Leg
Orange Juice
Cornflakes
Fresh Peach

Incorrect Example:

Chicken
Juice
Cereal
Peach

HELP FOR YOUR FOOD PROGRAM

I. Recipes

When calculating protein content for your Standardized Entree Recipe remember to allow for loss due to fat, water content and bone in meats. A rule of thumb to follow would be 25% loss for boneless meats such as ground beef, stew meat and roasts. Figure approximately eight one and one-half ounce servings per pound. For bony meats such as chicken and bone in roasts, loss is greater at 35% or more and would yield only four to six servings per pound. Precooked meats and hard or semi-soft cheese can be calculated at straight weight; i.e., approximately 10 1/2 one and one-half ounce servings per pound.

Cottage cheese is one-fourth cup per one ounce or 5.3 servings of 1.5 ounces per pound. Eggs are counted as one ounce protein each egg (*8 servings of 1.5 ounces per dozen eggs*).

To calculate the amount of servings of one and one-half ounces protein your recipe provides, estimate the number of servings for each protein ingredient and add together.

Example: Recipe Calls For

5 lb. ground beef (8 servings per lb. x 5 = 40)	=	40	servings of 1.5 oz.
1 lb. cheese (2 cups grated) 10.5 servings / lb.	=	<u>10.5</u>	servings of 1.5 oz.
		50.5	servings of 1.5 oz. provided

Or calculate the total protein available as follows:

Total weight - loss percentage (25% / 35%) = protein available.
 Divide protein available by serving size (1 1/2 oz. / 2 ozs.) to get number of servings provided.

Example:

5 lbs. (80 ozs.) ground beef - 25% = 60 ozs. protein divided by serving size of 1.5 ozs. = 40 servings of 1.5 ozs. each or

divide by 2 ozs. = 30 servings of 2 ozs. each.

5 lbs. (80 ozs.) bone-in roast - 35% = 52 ozs. protein divided by serving size of 1.5 ozs. = 34.5 servings of 1.5 ozs. each or

divide by 2 ozs. = 26 servings of 2 ozs. each.

Be sure to state the serving size and total number of servings on your recipe. The serving size of mixed entree recipes (*casseroles*) must be stated in cups (.5 - 1.5 cups) not ounces. Plain meat dishes are stated in ounces. Request a copy of the "Food Buying Guide" from your Child Care Facilities Surveyor for a quick reference of number of servings provided per unit on food items.

II. Milk Quantities

To estimate the amount of milk your center would need to serve the correct serving size of milk to children two times a day per week, estimate the average attendance for each age group and calculate as follows:

- | | | |
|--|---|--|
| 1. Number of one and two year olds | x | 40 oz. factor (<i>based on 4 oz. serving size</i>) |
| 2. Number of three to five year olds | x | 60 oz. factor (<i>based on 6 oz. serving size</i>) |
| 3. Number of before and after schoolers (6-12 years) | x | 40 oz. factor (<i>based on 8 oz. serving size</i>) |

(continued)

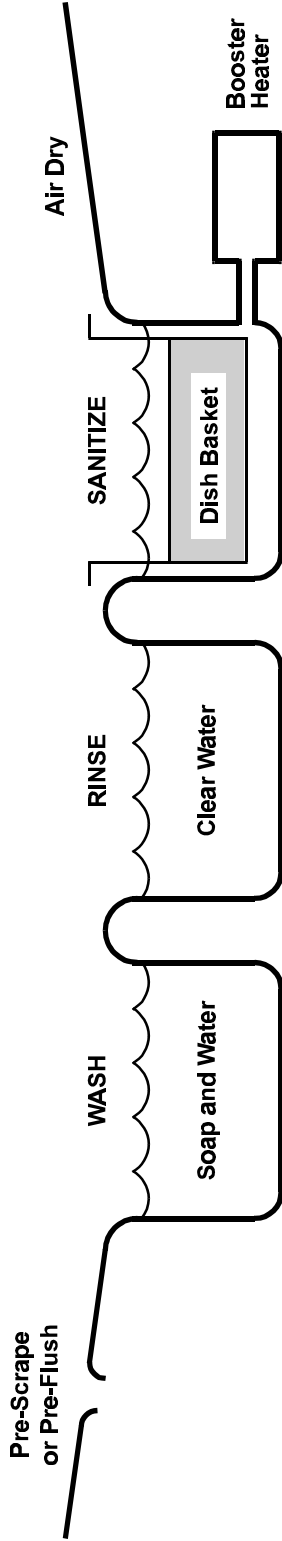
II. Milk Quantities (*continued*)

Add total (*numbers 1, 2 and 3*) and divide by 128 oz. (*gallon*) to estimate number of gallons needed per week.

Example: 10 children (1 - 2) x 40 oz. = 400 oz. (*based on lunch and one snack*)
 50 children (3 - 5) x 60 oz. = 3000 oz. (*based on lunch and one snack*)
 12 before and after schoolers x 40 = 4800 oz. (*based on one snack only*)
 72 Total 3880 oz. divided by 128 = 30.3 gal. / week

If most of your children also eat breakfast at the center, this would need to be increased accordingly. (*Add 20 to one and two's factor; add 30 to three to six factor; add 40 to schoolage factor.*)

MANUAL UTENSIL AND EQUIPMENT WASHING



THIS OPERATION IS ONLY AS EFFECTIVE AS THE PERSON DOING THE DISHWASHING

- | | | | | |
|--|--|--|--|--|
| 1 Scrape or Pre-Flush
To remove food residues. | 2. Wash
In warm water (approx. 110° F. - 120° F.) containing an effective detergent until all visible food particles and grease have been removed. | 3. Rinse
In clean warm water to remove the soap film and remaining food particles. (Water temperature should be 100° F. - 110° F.) | 4. Sanitize
By one of two methods:
1. Immersing completely in an effective chemical solution* for 60 seconds.
2. Immersing completely in hot water maintained at 170 °F.** for 30 seconds. | 5. Air Dry
Prior to storing in a clean and protective place. |
|--|--|--|--|--|

*

A factor to remember when using chemicals for sanitizing is the concentration of active ingredients being used. This will vary with different chemicals and must be rigidly controlled if effective sanitization is to be accomplished. Read the label, ask your supervisor or your local health department for required amounts. Temperature of water = 80° F. - 110° F.

**

Maintaining water at 170° F. is accomplished by use of an automatically controlled water heater or other effective means (running hot water from a fixture to maintain this temperature is not considered satisfactory in meeting this requirement.)

CLEANING SCHEDULE

State Form 46684 (R3 / 10-02) / BCD 0051

BUREAU OF CHILD DEVELOPMENT
CHILD CARE HEALTH SECTION
402 W. WASHINGTON STREET, ROOM W386
INDIANAPOLIS, IN 46204

FOR MONTHLY - USE SECOND TUESDAY, FIRST WEDNESDAY, ETC.

FOR WEEKLY - USE THURSDAY, MONDAY, ETC.

FOR TWICE A MONTH - USE FIRST AND THIRD TUESDAY, SECOND AND FOURTH THURSDAY, ETC.

CLEANING SCHEDULE - Indicate if done daily, weekly, or monthly					
	Monday	Tuesday	Wednesday	Thursday	Friday
Clean / Wash Inside of Refrigerator					
Cover and Label All Food or Beverage in Refrigerator					
Clean Counter Tops					
Clean Outside of Refrigerator					
Clean Oven Hood, Fan, Filter					
Clean Outside of Stove					
Clean Inside of Oven / Burners and Burner Plates					
Clean Stove Tops					
Wash / Clean Canopener					
Empty Trash					
Wash Trash Cans					
Sweep Floors					
Mop / Scrub Floors					
Clean Cabinets on Inside and Outside					
Clean / Scrub Inside of Sinks					
Clean / Scrub Handwashing Sink					
Clean and Wash Dishwasher On Inside and Outside					
Clean Out Garbage Disposal					

SANITIZING SOLUTIONS

If you are using a bleach solution for sanitizing in your facility, use the following concentration.

Dishes and items you submerge in the bleach solution:

50 parts per million (*check with chlorine test strips*)

(*Approximately one-half teaspoon chlorine to one gallon of water*)

Tables, food preparation areas, toys, cots and items you spray bleach solution on to sanitize:

One tablespoon chlorine to one gallon of water

(*A chlorine test paper will show 200 ppm.*)

Areas which may have blood on them:

* 10% solution - label your spray container indicating this concentration

(*One cup bleach to 9 cups water*)

Diaper changing table:

One (1) tablespoon bleach to one (1) quart of water or equivalent germicidal. (*If blood is visible use 10% bleach solution shown above.*)

If you are using a sanitizer other than a bleach solution, check with the product distributor for equivalent sanitization solutions. For approval of other products, check with the Child Care Health Section. Call (317) 233-5414.

* **Do not** use this solution on tables, toys, cots or food preparation areas. This is only for areas where blood is present.



SANITIZING SOLUTIONS

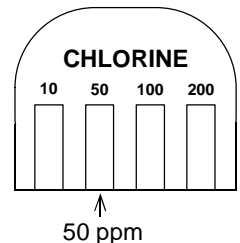
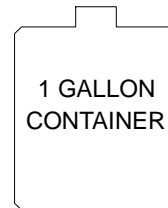
State Form 46684 (R3 / 10-02) / BCD 0024

FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF FAMILY AND CHILDREN
BUREAU OF CHILD DEVELOPMENT
CHILD CARE HEALTH SECTION

If you are using a bleach solution for sanitizing your facility, use the following concentrations. These solutions must be made daily using warm water. (*Don't use cold or very hot water.*) One person should be designated to make these sanitizing solutions. **LABEL BOTTLES WITH CORRECT SOLUTION STRENGTH.**

Dishes, toys, and items you submerge in the bleach solution for one minute:

50 parts per million (*check with chlorine test strips*)
(*Approximately one-half teaspoon chlorine to one gallon water.*)

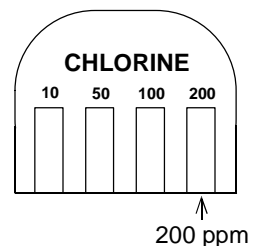
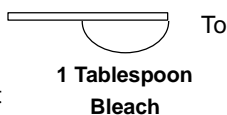


Tables, food preparation areas, toys, cots, and items you spray bleach solution on to sanitize:

1 tablespoon chlorine to one gallon water (*Paper test strip will show dark at 200 ppm.*)

When sanitizing surfaces such as cots, toys, counter tops and tables with 200 ppm bleach solution the following contact times must be followed:

- Sprayed surfaces must be wet for one minute before wiping dry with a disposable paper towel
- Wet wiped surfaces must wait two minutes before being wiped dry with a disposable paper towel.

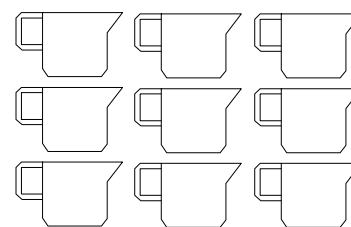
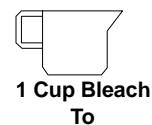


* Universal Precautions: For areas contaminated with blood or blood products:

10% solution - label your spray container indicating this concentration

(*One cup bleach to 9 cups water in a one gallon container.*)

Test strips will turn very dark and then turn back to white. Bottle must be dated when made and discarded after 24 hours.



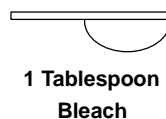
9 Cups Water

IN

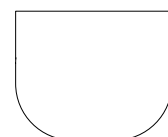


Diaper changing table:

One (1) tablespoon bleach to one (1) quart water or equivalent germicidal. (*If blood is visible use 10% bleach solution shown above.*)



To



1 Quart Water

If you are using a sanitizer other than a bleach solution, check with the Child Care Health Section for equivalent sanitizing solutions. Call 317 / 233-5414

* This is a stronger concentration of chlorine than previously required. It has been changed to this concentration as recommended by the Centers for Disease Control federal guidelines and the Universal Precautions guidelines. **Do not** use this solution on tables, toys, cots, or food preparation areas. This is only for blood contaminated areas.